



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number

10/804,976

Filing Date

March 18, 2004

First Named Inventor

Amit Ganesh

Art Unit

2162

Examiner Name

Jean B. Fleurantin

Attorney Docket Number

50277-2502

**ENCLOSURES (Check all that apply)**

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/  
Incomplete ApplicationReply to Missing Parts under 37  
CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a  
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CDAfter Allowance Communication  
to TCAppeal Communication to Board  
of Appeals and Interferences  
Appeal Communication to TC  
☒ **Notice of Appeal and Pre-  
Appeal Brief Request For  
Review with Remarks**

Proprietary Information



Status Letter

Other Enclosure(s) (please  
Identify below):  
Return receipt postcard**Remarks**The Director is hereby authorized to charge any additional fee(s) or underpayments of  
fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number **50-1302**  
Deposit Account Name: Hickman Palermo Truong & Becker LLP**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Hickman Palermo Truong &amp; Becker LLP

Signature

Printed name

Edward A. Becker

Date

July 31, 2007

Reg. No.

37,777

**CERTIFICATE OF TRANSMISSION/MAILING**I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with  
sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on  
the date shown below:

Signature

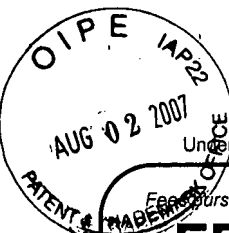
Typed or printed name

Angelica Maloney

Date

July 31, 2007

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Effective on 12/08/2004.

Enacted pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**620.00****Complete if Known**

Application Number	10/804,976
Filing Date	March 18, 2004
First Named Inventor	Amit Ganesh
Examiner Name	Jean B. Fleurantin
Art Unit	2162
Attorney Docket Number	50277-2502

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_Deposit Account Deposit Account Number: 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments  
under 37 CFR 1.16 and 1.17**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
- 20 or HP = _____ x 50.00 = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) Notice of Appeal and 1-month Extension Fees**Fees Paid (\$)**  
\$620.00**SUBMITTED BY**

Signature		Registration No. 37,777 (Attorney/Agent)	Telephone (408) 414-1204
Name (Print/Type)	Edward A. Becker		Date July 31, 2007

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select opti